

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

26109

FILED AUG 8 1941

Registration District No.

Primary Registration District No.

Registrar's No.

1488

1. PLACE OF DEATH:

(a) County Stt Louis Co.
(b) City or town Clayton Mo.
(c) Name of hospital or institution: St. Louis Co. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Hour
In this community 13m Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME BERNICE G. KESSEL

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 5, 1928
(Month) (Day) (Year)

8. AGE: Years 13 Months 2 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace ST. Louis Co.
(City, town, or county) (State or foreign country)

10. Usual occupation School girl

11. Industry or business _____

MOTHER FATHER { 12. Name Lawrence Kessel
13. Birthplace Dont know
(City, town, or county) (State or foreign country)
14. Maiden name Neoma Bahlf.
15. Birthplace Randolph County, Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Neoma Kessel
(b) Address 6421 Mount Ave.

17. (a) Burial (b) Date thereof 7-18, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.
(b) Address 5966-68 Easton Ave.

19. (a) JUL 17 1941 (b) J. R. Meyer M.D.
(Date received local report) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. 6421 Mount Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? Life _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16th,
year 1941 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Natural causes. Duration _____

Due to Encephalitis. ? 30 hrs.
non-epidemic

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy Yes.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Louis H. Bopp (M.D. or other)

Address Kirkwood, Mo. Date signed 7/17/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by 3454

David C. Gibson, Registered Apprentice No. _____
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Easton St

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.